



PATENT
790001-2004

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE RECEIVED

OCT 07 2004

Applicants : Hiroyuki YANO et al.

Serial No. : 09/870,085

TECH CENTER 2800

Filed : May 30, 2001

For : **MANUFACTURING METHOD OF SEMICONDUCTOR
DEVICE**

Examiner : Thanhha Pham

Group Art Unit : 2813

745 Fifth Avenue
New York, New York 10151

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: **Mail Stop Non-Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450**, on September 28, 2004.

Bruno Polito, Reg. No. 38,580

Name of Applicants, Assignee or Registered Representative

Signature

September 28, 2004

Date of Signature

AMENDMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action dated May 28, 2004, please amend the
above-identified patent application as follows.

10/04/2004 EAREGAY1 00000017 09870085

01-FC:1251

-110.00-00-



2813
AP

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Mail Stop Amendment
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

— No additional fee is required.

X The fee has been calculated as shown below.

— This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional fee
Total claims	30	Minus	32 =	×	\$18(9)	= \$.00
Independent claims	4	Minus	4 =	×	\$86(43)	= \$.00
			Total additional fee for this amendment			\$.00

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the highest number of total claims previously paid for is less than 20, write "20" in this space.

*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

— This application contains a multiple dependent claim. The required fee of \$280 (\$140) has been previously paid __, or is paid herewith __.

X This response is being filed within the X first month, __ second month, X third month, __ fourth month following the expiration of the term originally set therefor, and the fee of X \$110 (\$55), __ \$420 (\$210), __ \$950 (\$475), __ \$1,480 (\$740) for the requisite extension is due and X paid herewith.

X A check in the amount of \$110.00 is attached for the extension of time.

— A check in the amount of \$ is attached for the added claims.

— Charge \$__ to Deposit Account No. 50-0320.

X Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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Bruno Polito, Reg. No. 38,580

Name of Applicant, Assignee or Registered Representative

Signature

September 28, 2004

Date of Signature

FROMMER LAWRENCE & HAUG, LLP
Attorneys for Applicant(s)

By: Bruno Polito
Reg. No. 38,580
Tel. (212) 588-0800

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